

Caledonia EDA COVID-19 Relief Grant for Businesses and Non-Profit Organizations

Program Description

Introduction

On July 27, 2020, the Caledonia City Council allocated \$100,000 of the City's CARES Act funds to be used for grants to Caledonia businesses and non-profit organizations (501(c)(3)) to partially reimburse them for the costs of business interruption caused by the COVID-19 pandemic due to mandatory shutdowns, restrictions, lack of business, or lost revenue during the period March 1, 2020 through November 15, 2020. On August 3, 2020, the Caledonia City Council directed the Caledonia EDA to administer this grant program.

Grant Terms

- Grants will be awarded to eligible applicants who apply by 5:00 p.m. on September 2, 2020. Businesses may be prioritized based on impact. The Caledonia EDA hopes to have sufficient funds for non-profit organizations, but priority will be given to businesses.
- If the applicant has been awarded funds from other CARES Act programs (e.g., Houston County EDA), the applicant must not use the funds the applicant receives from the Caledonia EDA COVID-19 Relief Grant for the same purpose.
- Incomplete applications will not be considered.
- Only one application per business or non-profit organization will be accepted.
- Recipients must comply with all federal and state CARES Act fund guidelines. They can be found at https:// home.treasury.gov/policy-issues/cares.

	Eligible Businesses and Non-Profit Organizations		Ineligible Businesses and Non-Profits
•	Must be a for-profit business or a 501 (c)(3) non-profit organization Must have a physical location in Caledonia, MN Must be registered and in good standing with the MN Secretary of State prior to February 15, 2020, unless your business is a sole proprietorship Must be current on any outstanding payments or obligations to the City of Caledonia prior to August 1,2020 If applicable, any required licenses must be valid and in good standing	•	Non-profit organizations other than 501(c)(3)s Home-based businesses of either a purely e- commerce basis or franchise model Real estate holding companies
	Eligible Expenses		Ineligible Expenses
•	Rent, mortgage, or utility payments Payments to suppliers Costs associated with re-opening or adapting to COVID-19-related operating restrictions, such as installing plexi-glass barriers See worksheet on page 5 for specifics	•	Property taxes Any expense that has not been accrued between March 1, 2020-November 15, 2020 Any expense not connected directly to COVID-19 response



Other Qualifying Criteria

- The Caledonia EDA reserves the right to change its program guidelines and/or application at any time.
- The Caledonia EDA reserves the right to ask for additional information for any reason and to reject or modify any application or portions thereof that do not meet the guidelines or application process requirements in the interest of expedient processing.
- All awarded grants may be subject to an audit.

Timeline

- Applications will be accepted starting Tuesday, August 18, 2020. Applications can be e-mailed to cityhall@caledoniamn.gov or delivered to Caledonia City Hall, 231 East Main Street, Caledonia, MN 55921. Questions should be directed to Adam Swann or Carson Coffield by calling City Hall at (507) 725-3450.
- The first round of grant awards will be made at the Caledonia EDA meeting on September 15, 2020. If funds are available, the EDA will make additional awards on October 20, 2020. New applications will be accepted for the second round but won't be necessary if an application was submitted during the first round.



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Application

Please note that this application must be filled out in its entirety to be considered. If any fields are not applicable, please explain in the field why the question is not applicable.

Business Legal Name: Doing Business As:	—				
Business Physical Address:					
Business Mailing Address:					
Business Owner(s): Contact Person for this Application (if different from business owner):	-				
Phone Number:E-mail Address:	•				
Type of Business (Please check one): O Corporation (for-profit) O Cooperative O Limited Liability Company O Partnership					
EIN/FEIN (Employer Identification Number or tax ID): Note: If you are a sole proprietor, you may need to use your Social Security number. Is your business registered with the State of Minnesota?: O Yes O No (Provide proof of registration with your application)					
Business Industry:					
Number of Part-time Employees: Number of Full-time Employees: Date Business was Established:					
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	0.34
Is your business considered (Check one): O Essential	O Non-essential
Was your business closed during COVID-19?: O Yes	O No
If your business was closed, for how many days were yo	u closed?:
Can you demonstrate a significant loss of revenue for y COVID-19 emergency?: O Yes O No	our business since March 1, 2020, due to th
If yes, please explain on page 4.	
Is your business in compliance with all relevant City or requirements?: \bigcirc_{Yes} \bigcirc_{No} \bigcirc_{No} If no, please explain on page 4.	dinances and license
Is your business current as of August 1, 2020 with all probligations to the City of Caledonia?: O Yes O Not If no, please explain on page 4.	•
Which of the following forms of funding or relief from applicant received? (The Caledonia EDA encourages sources as possible.):	
applicant received? (The Caledonia EDA encourages sources as possible.): Pandemic Unemployment Assist: SBA Paycheck Protection Progration Economic Injury Disaster Loan (Injury Disaster Loan (Injur	ance am(PPP) EIDL) ergency Loan(SBEL) ARES Act programs, you are not eligible
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applicant received? (The Caledonia EDA encourages sources as possible.): Pandemic Unemployment Assistance SBA Paycheck Protection Progrates Economic Injury Disaster Loan (Injury Disaster Loan (Inju	ance am(PPP) EIDL) ergency Loan(SBEL) ARES Act programs, you are not eligible lief Grant for the same expense or purpose. iting a response?: O Yes

How has your business been negatively impacted by COVID-19? (If applicable, please also use this space to provide the additional information requested above on page 3.):				

What specifically will you use the grant funds on if you are awarded?: Please be aware that you may be asked to provide additional financial information.

Cost	Use
\$	To construct temporary or permanent outdoor facilities to allow service to customers with proper social distancing.
\$	To convert an area, sidewalk, parking lot, or open area adjacent to a dining facility to accommodate additional outdoor seating, including tables and fencing.
\$	To acquire signage related to the operation of the business or customer safety in accordance with COVID-19 guidelines.
\$	To purchase checkout counter modifications, such as screens or buffers to allow for proper social distancing practices.
\$	To modify indoor customer or employee areas to comply with social distancing guidelines, such as purchasing storage facilities for excess seating.
\$	To obtain computer hardware and/or software necessary to support remote work by employees, or upgrades to support e-commerce.
\$	To purchase personal protection equipment, sanitation stations, or sanitation supplies.
\$	To make rent, mortgage, or utility payments accrued during the authorized period.
\$	To pay employees during the authorized period.
\$	To pay for inventory/supply changes during shutdown and re-opening periods.
\$	To reimburse for lost revenue (full or partial) related to cancelled events, activities, or periods of closure during the authorized period.
\$	Other expense(s) directly attributable to the COVID-19 pandemic (Please explain). Note that the use must fit the "Eligible Uses" category fromp.1:
\$	Total Expenses (The current maximum grant request is \$5,000.)

Please read each statement below. By checking the box, you acknowledge and are in agreement with the following statements: \bigcirc

I (we) certify that I (we) have the authority to apply for this grant on behalf of the business/non-profit organization that we have described herein.

I (we) certify that the business/non-profit organization has been negatively affected by the COVID-19 emergency as described herein.

I (we) certify that the grant funds will be used only for authorized expenses in accordance with the requirements and restrictions set forth in the CARES Act.

I (we) certify that only one application for this business/non-profit organization is being submitted.

I (we) shall cooperate with the Caledonia EDA for grant auditing purposes, as further set forth and described above.

I (we) acknowledge that representations made in this application will be relied on by the Caledonia EDA in its decision to grant such grant funds.

The Caledonia EDA and City staff are authorized to make all inquiries they deem necessary to verify the accuracy of the information contained herein.

I (we) will promptly notify the Caledonia EDA of any subsequent changes that would affect the accuracy of the information in this application.

I (we) understand that it is a crime to make a false representation as to my (our) business'/non-profit organization's financial ability for the purpose of securing this grant. The applicant declares under penalty of perjury that all information provided herein is true in every detail and accurately represents the financial condition of the applicant and the business on the date given below.

By typing my (our) signature(s) and date in the text boxes below, I (we) agree(s) that the applicant is electronically signing this application. I (we) understand and agree that my (our) electronic signature(s) is (are) the legal equivalent of a manual signature(s) and that the Caledonia EDA may rely on it as such in connection with any and all agreements that I (we) or the business may enter into with respect to this application.

Signature			
	(authorized signatory)		
Title:		Date:	
Signature	:		
C	(authorized signatory)		
Title		Date:	

To submit your application, please save this document as the name of your business (in .pdf format) and email your application and any supporting documentation to cityhall@caledoniamn.gov. The application materials may also be mailed or hand-delivered to City Hall.

If you receive grant funding, you may be audited as to how those funds were used, so please retain any relevant records that support your application.